

3. Number of pages attached

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2022

OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan NAIC Group Code 95844 1311 1311 NAIC Company Code Employer's ID Number 38-2242827 (Current Period) Organized under the Laws of Michigan , State of Domicile or Port of Entry Country of Domicile **United States** Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other [] Is HMO, Federally Qualified? Yes [X] No [] Incorporated/Organized 06/27/1978 Commenced Business 02/08/1979 Statutory Home Office 2850 West Grand Boulevard Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) Main Administrative Office 2850 West Grand Boulevard Detroit, MI, US 48202 313-872-8100 Mail Address Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 2850 West Grand Boulevard (Street and Number or P.O. Box) Primary Location of Books and Records 2850 West Grand Boulevard (Street and Number) Detroit, MI, US 48202 248-443-1093 (Area Code) (Telephone Number) (Extension) Internet Web Site Address www.hap.org Statutory Statement Contact Dianna L. Ronan CPA 248-443-1093 (Area Code) (Telephone Number) (Extension) (Name) 248-443-8610 dronan@hap.org (Fax Number) **OFFICERS** Name Title Name Title Michael Allen Genord M.D. President and CEO Robin Damschroder Treasurer Michelle Denise Johnson Tidjani Esq. Archana Rajendra # **Assistant Secretary** Secretary OTHER OFFICERS Marjorie Ann Staten J.D. Assistant Secretary **DIRECTORS OR TRUSTEES** Joni Maria-Thrower Davis # Jeffrey Alan Chaffkin Mamatha Chamarthi Caleb DesRosiers J.D. Denise Gaida Essenberg Michael Allen Genord M.D. Jacalyn Sue Goforth John Kevin Gorman Gregory Jackson Raymond Carmelo Lope Adnan Radwan Munkarah M.D Meerah Raiavel # Robert G. Riney # Felix Mario Valbuena, Jr. M.D .Michigar .Wayne The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Michael Allen Genord M.D. Robin Damschroder Archana Rajendra President and CEO Treasurer Assistant Secretary Yes [X] No [] a. Is this an original filing? Subscribed and sworn to before me this b. If no: 1. State the amendment number day of 2. Date filed

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

	DEIXI / (14D 11E/ (E111)					
1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers: Federal Employees Health Benefit Plan	0.504.054					
Federal Employees Health Benefit Plan	6,561,854					6,561,854
Robert Bosch Corporation	1,192,664					1,192,664
						·
						·
						·
						·
	7.754.540	ļ				7 754 540
0299997 Group subscriber subtotal		U	U		U	7,754,519 2,693,599
0299998 Premiums due and unpaid not individually listed	2,587,356	95,925	10,317			2,693,599
0299999 Total group		95,925	10,317	0	0	10,448,117
0399999 Premiums due and unpaid from Medicare entities	72,231	3,992				
0499999 Premiums due and unpaid from Medicaid entities	10 111 100		40.047			10.501.011
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	10,414,106	99,918	10,317	0	0	10,524,341

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	6 Nonadmitted 0 0 0	7 Admitted 24,326,598 24,326,598 1,359,031 1,359,031 2,797,076 2,797,076
0199998 - Aggregate of amounts not individually listed above. 24,326,598 0199999 - Pharmaceutical Rebate Receivables 24,326,598 0 0 0 0499998 - Aggregate of amounts not individually listed above. 1,359,031 0 0 0 0499999 - Capitation Arrangement Receivables 1,359,031 0 0 0	0	24,326,598 24,326,598 1,359,031 1,359,031 2,797,076
0199999 - Pharmaceutical Rebate Receivables 24,326,598 0 0 0 0499998 - Aggregate of amounts not individually listed above. 1,359,031 0 0 0 0499999 - Capitation Arrangement Receivables 1,359,031 0 0 0 0	0	24,326,598 1,359,031 1,359,031 2,797,076
0199999 - Pharmaceutical Rebate Receivables 24,326,598 0 0 0 0499998 - Aggregate of amounts not individually listed above. 1,359,031 0 0 0499999 - Capitation Arrangement Receivables 1,359,031 0 0 0	0	24,326,598 1,359,031 1,359,031 2,797,076
0499998 - Aggregate of amounts not individually listed above. 0499999 - Capitation Arrangement Receivables	0	1,359,031 1,359,031 2,797,076
0499999 - Capitation Arrangement Receivables 1,359,031 0 0 0 0599998 - Aggregate of amounts not individually listed above. 2,797,076 0 0	0	2,797,076
0599998 - Aggregate of amounts not individually listed above. 2,797,076 2,707,076	0	2,797,076
0500000 Right sharing Receivables	0	2 797 076
059999 - Risk sharing Receivables 2,797,076 0 0 0 0	-	
		, , , , , , , , , , , , , , , , , , ,
0799999 Gross Health Care Receivables 28,482,705 0 0 0 0	0	28,482,705

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected ring the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	24,007,773	71,952,098		24,326,598	24,007,773	22,066,311
Claim overpayment receivables					0	
Loans and advances to providers					0	
Capitation arrangement receivables	6,533,738			1,359,031	6,533,738	5, 193, 172
5. Risk sharing receivables	630,024			2,797,076	630,024	3,427,100
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	31,171,535	71,952,098	0	28,482,705	31,171,535	30,686,583

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Aging Analysis of Unpaid Claims										
, 1	2	3	4	5	6	7						
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total						
Claims Unpaid (Reported)												
0199999 Individually listed claims unpaid	0	0	0	0	0	1						
0299999 Aggregate accounts not individually listed-uncovered.	1,524,917	37,036	40,461	13,282	103,509	1,719,205						
0399999 Aggregate accounts not individually listed-covered	25,346,150	692,273	(16,318)	494,363	(1,158,604)	25,357,864						
0499999 Subtotals	26,871,067	729,309	24,143	507,645	(1,055,095)	27,077,069						
0599999 Unreported claims and other claim reserves	·		•			126,591,703						
0699999 Total amounts withheld						1,140,503						
0799999 Total claims unpaid				· · · · · · · · · · · · · · · · · · ·	·	154,809,275						
0899999 Accrued medical incentive pool and bonus amounts						8,388,525						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admi	tted
	İ					7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Alliance Health and Life Insurance Compa	6,918,354					6,918,354	
HAP Empowered Health Plan, Inc	2,933,004					2,933,004	
Alliance Health and Life Insurance Compa. HAP Empowered Health Plan, Inc	306,993					306,993	
				<u> </u>	·····		
				1			
				·····			
			<u> </u>		<u> </u>		
0199999 Individually listed receivables	10,158,351	0	0]0	 0	10,158,351	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	10,158,351	0	0	0	0	10,158,351	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Alliance Health and Life Insurance Compa	Management Fees and Reimbursements	19,770,820	19,770,820	
Henry Ford Health System	Management Fees and Reimbursements	6 , 867 , 145 	6 , 867 , 145	
Alliance Health and Life Insurance Compa. Henry Ford Health System	Management Fees and Reimbursements	2,585,413	2,585,413	
0199999 Individually listed payables.		29,223,379	29,223,379	0
0199999 Individually listed payables. 0299999 Payables not individually listed		, , ,	, ,	
0399999 Total gross payables		29,223,379	29,223,379	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups		21.1	80,756	44.7	189,662,849	112,663,948
2. Intermediaries		0.0		0.0		
3. All other providers	2,811,152	0.2		49.7		2,811,152
Total capitation payments		21.3	170,615	94.4	189,662,849	115,475,100
Other Payments:						
5. Fee-for-service		0.5	xxx	XXX	8,487	7 ,642 ,503
Contractual fee payments	1,112,318,501	77 .8	xxx	XXX	263,558,048	848,760,453
7. Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments		0.4	xxx	XXX	215,338	5 , 254 , 487
9. Non-contingent salaries		0.0	L xxx L	XXX		
10. Aggregate cost arrangements		0.0	L xxx L	XXX		
11. All other payments		0.0	xxx	xxx		
12. Total other payments	1,125,439,316	78.7	XXX	XXX	263,781,873	861,657,443
13. Total (Line 4 plus Line 12)	1,430,577,265	100 %	XXX	XXX	453,444,722	977, 132, 543

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EARIBIT / - PART 2 - SUMMART OF TRANSACTION	A2 AALLILIIATED	MILDIANIL	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NONE			1	
	INCHI				
					
				-	-
				·	
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	16,472,887		12,808,762	3,664,125	3,664,125	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment						
6. Total	16,472,887	0	12,808,762	3,664,125	3,664,125	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Health Alliance Plan of Michigan

2. ______(LOCATION)

IAIC Group Code 1311 BUSINESS IN THE STA	TE OF Michigan				DUDIN		122				(LOCATI		. Codo	05044
AIC Group Code 1311 BUSINESS IN THE STA	1 1		ehensive	4	5	3 THE YEAR 20	7	8	9	10	11	NAIC Company	13	95844
		Hospital 8	& Medical)	Medicare	Vision	Dental	Federal Employees Health Benefits	Title XVIII	Title XIX		Disability	Long-Term	Other	Other Nor
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Credit A&H	Income	Care	Health	Health
Total Members at end of:														
1. Prior Year	173,374	2,813	89,617				11,072	69,872						
2 First Quarter	173 , 102	2,563	89,759				10,473	70,307						
3 Second Quarter	172,710	2,484	89,653				10,315	70 , 258						
4. Third Quarter	171,659	2,365	88,757				10,202	70,335						
5. Current Year	180,717	2,281	98,008				10,102	70,326						
6 Current Year Member Months	2,067,154	29,479	1,070,143				123,737	843,795						
Total Member Ambulatory Encounters for Year:														
7. Physician	1,350,687	11,127	508,633				73,863	757,064						
8. Non-Physician	1,669,970	13,281	595,698				91,007	969,984						
9. Total	3,020,657	24,408	1,104,331	0	0	0	164,870	1,727,048	0	0	0	0	0	
10. Hospital Patient Days Incurred	127,908	554	20,189				2,229	104,936						
11. Number of Inpatient Admissions	23,772	97	4,633				501	18,541						
12. Health Premiums Written (b)	1,540,516,602	10 , 418 , 506	556,131,546				97 , 231 , 211	876,735,340						
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	1,540,516,602	10 , 418 , 506	556,131,546				97,231,211	876,735,340						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	1,430,577,265	8,536,178	513,360,138				94,693,518	813,987,431						
18. Amount Incurred for Provision of Health Care Services	1,416,138,763	7,931,299	501,071,601				93,541,574	813,594,289						

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$876,735,340



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Health Alliance Plan of Michigan

2. ______(LOCATION)

AIC Group Code 1311 BUSINESS IN THE STATE	E OF Consolidate	d			DURING	THE YEAR 20	122				(LOCATIO	ON) NAIC Compan [,]	v Code	95844
TO GROUP COME TO THE CHARLE	1	Compre	hensive & Medical)	4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other No Health
Total Members at end of:					,	•								
1. Prior Year	173,374	2,813	89,617	0	0	0	11,072	69,872	0	0	0	0	0	
2 First Quarter	173 , 102	2,563	89,759	0	0	0	10,473	70,307	0	0	0	0	0	
3 Second Quarter	172,710	2,484	89,653	0	0	0	10,315	70 , 258	0	0	0	0	0	
4. Third Quarter	171,659	2,365	88,757	0	0	0	10,202	70,335	0	0	0	0	0	
5. Current Year	180,717	2,281	98,008	0	0	0	10,102	70,326	0	0	0	0	0	
6 Current Year Member Months	2,067,154	29,479	1,070,143	0	0	0	123,737	843,795	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:														
7. Physician	1,350,687	11,127	508,633	0	0	0	73,863	757 , 064	0	0	0	0	0	
8. Non-Physician	1,669,970	13,281	595,698	0	0	0	91,007	969,984	0	0	0	0	0	
9. Total	3,020,657	24,408	1,104,331	0	0	0	164,870	1,727,048	0	0	0	0	0	
10. Hospital Patient Days Incurred	127,908	554	20,189	0	0	0	2,229	104,936	0	0	0	0	0	
11. Number of Inpatient Admissions	23,772	97	4,633	0	0	0	501	18,541	0	0	0	0	0	
12. Health Premiums Written (b)	1,540,516,602	10 , 418 , 506	556,131,546	0	0	0	97 , 231 , 211	876,735,340	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,540,516,602	10 , 418 , 506	556 , 131 , 546	0	0	0	97 , 231 , 211	876,735,340	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	. 1,430,577,265	8,536,178	513,360,138	0	0	0	94,693,518	813,987,431	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	1,416,138,763	7,931,299	501,071,601	0	0	0	93,541,574	813,594,289	0	0	0	0	0	

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$876,735,34

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
					Type Of	Type Of			Reserve Liability			
NAIC	ın			D	Of	Of			Other Than For	Reinsurance Payable on Paid and Unpaid Losses	Modified	Francis Marie et al
Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Reinsurance Assumed	Business Assumed	Premiums	Unearned Premiums	Unearned Premiums	Payable on Paid	Coinsurance Reserve	Funds Withheld Under Coinsurance
Code	Number	Ellective Date	Name of Remsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Comsurance
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9999999	ıotals						0	0	0	0	0	0

SCHEDULE S - PART 2

	2	nsurance Recover	able on Paid and Unpaid Losses Listed by Rei 4	nsuring Company as of December 31, Current	Year 6	7
	2	3	4	5	0	·
1						I
NAIC			Name			1
Company	ID Number	Effective	of Company	Domiciliary	Paid	Unpaid
Code	Number	Date ates - U.S. Non-Aff	Company	Jurisdiction	Losses	Losses
16535	36-4233459	01/01/2022	ZURICH AMER INS CO	NY	15,119	
1999999 - Acci	dent and Health	- Non-Affiliates - U	J.S. Non-Affiliates		15,119	0
2199999 - ACCI	dent and Health	- Non-Affiliates - - Total Accident and	Total Non-Affiliates		15,119 15,119	0
2399999 - Tota	I U.S. (Sum of 0	399999, 0899999, 149	99999 and 1999999)		15,119	0
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9999999 Tot	tals—Life, Annui	ity and Accident ar	nd Health		15,119	(

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SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31. Current Year

Name Dorncillary Dorncil	4			4	Reinsurance Ceded A	6	ii iiisuralice Listet	o by Kemsuming Com	9	10	Outstanding	Curplus Polisf	12	14
Content Cont	NAIC	2	3	4 Name	5	·	/ Tune of	0	-					14
Code Number Date Company Jurisdiction Ceded Premiums Cellinated Uncarred Premiums Current Year Prior Year Reserve Under Consumence Formal Foundation Program Coded Premiums Cellinated Premiums Cellinated Premiums Cellinated Cellinated Premiums Cellinated		ID	Effective		Domicilian						11	12		Funds Withhold
				<u> </u>				Premiume			Current Vear	Prior Vear		
					Julisdiction	Ceded	Ceded	i iciliuliis	(LStilliated)	Officarried Fremiums	Current real	THOI TEAL	TRESCIVE	Officer Confidence
		36-4233459	01/01/2022	ZUDICH AMED INC CO	NY	SSL/I	CMM	20.553						
089999 - General Account - Authorized - Constitutions of the Authorized - Constitution and Control and Constitution and Control and Constitution and Control and Constitution and Control and Control and Constitution and Control and Constitution and Control and Control and Constitution and Control and Contr	16535	36-4233459	01/01/2022	ZURICH AMER INS CO.		SSL/G	CMM	749,543						
089999 - General Account - Authorized - Constitutions of the Authorized - Constitution and Control and Constitution and Control and Constitution and Control and Constitution and Control and Control and Constitution and Control and Constitution and Control and Control and Constitution and Control and Contr	16535	36-4233459	01/01/2022	ZURICH AMER INS CO	NY	SSL / I		118,106						
089999 - General Account - Authorized - Constitutions of the Authorized - Constitution and Control and Constitution and Control and Constitution and Control and Constitution and Control and Control and Constitution and Control and Constitution and Control and Control and Constitution and Control and Contr	16535	36-4233459	01/01/2022	ZURICH AMER INS CO		SSL/G	MR	75,962						
089999 - General Account - Authorized - Constitutions of the Authorized - Constitution and Control and Constitution and Control and Constitution and Control and Constitution and Control and Control and Constitution and Control and Constitution and Control and Control and Constitution and Control and Contr			01/01/2022	ZURICH AMER INS CO	NY	SSL/G	FEHBP	86,616						
199999 - General Account - In Otto Feweral A			- Authorized - N	on-Affiliates - U.S. Non-Affiliates					0	0	0	0	0	0
459599 - General Account - Total General Account Authorized, Usualitorized Reciprocal Jurisdiction and Certified 1,050,780 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					iates				0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0389999, 1499999, 1499999, 2599999, 2599999, 4199999, 4399999, 4399999, 599999, 59999, 59									0	0	0	0	0	0
7599999, 8199999 and 80999999 1,050,780 0 0 0 0 0 0 0 0 0 0 0 0								1,050,780	0	0	0	0	0	0
	9199999 -	Total U.S. (Sum	of 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 36	699999, 4199999, 4899999,	5399999, 5999999, 64	99999, 7099999,							
999999 Talas	7599999,	8199999 and 8699	999)					1,050,780	0	0	0	0	0	0
999999 Totals														
999999 Totals														
999999 Totals			•			·····								
999999 Totals			•							·				
999999 Totals 1,050,780 0 0 0 0 0 0 0 0		······	•							·				
999999 Totals 1,050,780 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· · · · · · · · · · · · · · · · · · ·	•											
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9999999 Totals 0 0 0 0 0 0 0 0 0														
9999999 Totals 0 0 0 0 0 0 0 0 0 0														
	9999999	Totals						1,050,780	0	0	0	0	0	0

Schedule S - Part 4 NONE Schedule S - Part 5 NONE

SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums	857	898	856	916	919
			181		
2. Title XVIII-Medicare					104
3. Title XIX-Medicaid					0
Commissions and reinsurance expense allowance				0	0
Total hospital and medical expenses		0	2,037	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	15	2,520	1,350	0	23
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	434 , 840 , 493		434,840,493
2.	Accident and health premiums due and unpaid (Line 15)	23,800,768		23,800,768
3.	Amounts recoverable from reinsurers (Line 16.1)	15,119		15,119
4.	Net credit for ceded reinsurance	xxx	15,119	15,119
5.	All other admitted assets (Balance)	53,245,919		53,245,919
6.	Total assets (Line 28)	511,902,299	15,119	511,917,418
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	154,809,275	0	154,809,275
8.	Accrued medical incentive pool and bonus payments (Line 2)	8,388,525		8,388,525
9.	Premiums received in advance (Line 8)	17 ,517 ,215		17,517,215
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.				0
12.				0
13.				0
14.				91,925,928
15.	Total liabilities (Line 24)	272,640,943	0	272,640,943
16.	Total capital and surplus (Line 33)		XXX	239,261,357
17.	Total liabilities, capital and surplus (Line 34)	511,902,299	0	511,902,299
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool.	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	15,119		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	15,119		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	15,119		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Tarritories

	Į				isiness Only				
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals		
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	ľ								
7. Connecticut	CT								
8. Delaware	DE								
District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. lowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana									
20. Maine	ME					<u> </u>			
21. Maryland									
22. Massachusetts									
	MI								
23. Michigan									
24. Minnesota									
25. Mississippi	MS								
26. Missouri									
27. Montana			\ () \ 						
28. Nebraska	NE		NOINE						
29. Nevada									
30. New Hampshire									
31. New Jersey									
32. New Mexico									
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	HO								
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island									
41. South Carolina									
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah									
46. Vermont	VT								
47. Virginia	l l								
48. Washington									
49. West Virginia									
50. Wisconsin						<u> </u>			
						<u> </u>			
51. Wyoming									
53. Guam									
54. Puerto Rico						†			
55. US Virgin Islands						·			
56. Northern Mariana Islands									
57. Canada									
58. Aggregate Other Alien	OT I		1		1	1	i e		

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Т		ا ا	4	5	0	Name of	8	9	10	"	Type of Control	13	14	15	ا ا
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
	Henry Ford Health Systems						Health Alliance Plan of						Henry Ford Health		
01311	Group	95844	38-2242827				Michigan	MI	RE	Henry Ford Health System	0wnership	100.0	System		0
0.404.4	Henry Ford Health Systems	00404	00 0004500				Alliance Health and Life	l	50	Health Alliance Plan of		400.0	Henry Ford Health		
01311	Group	60134	38-3291563				Insurance Company	MI	DS	Michigan	Ownership	100 . 0	System.	NU	U
	Henry Ford Health Systems Group		38-2651185				Administration System Research		DS	Health Alliance Plan of	Ownership	100.0	Henry Ford Health System	YES	_
	Henry Ford Health Systems		30-2031103				Corporation	·	bo	Health Alliance Plan of		100.0	Henry Ford Health		J
01311	Group	95814	38-3123777				HAP Empowered Health Plan. Inc.	MI	DS	Michigan	Ownership.	100.0	System	NO.	1
01011	Henry Ford Health Systems		00 0120111				Linpoworod riodrett Frant, mo	1		I III o i i gan	0 #1101 3111 p	1	Oy 5 t Gill		
	Group.		38 - 1357020				Henry Ford Health System		UDP.			0.0		1	0
	Henry Ford Health Systems						Henry Ford Wyandotte Hospital						Henry Ford Health		
	Group		38-2791823				Corp		NIA	Henry Ford Health System		100.0	System.		0
	Henry Ford Health Systems												Henry Ford Health		
	Group		38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	. Ownership	100.0	System		0
	Henry Ford Health Systems		00 00 17057				Henry Ford Macomb Real Estate,					400.0	Henry Ford Health		
	Group		38-2947657				LLC	·	NIA	Henry Ford Health System	. Ownership	100.0	System.		0
	Henry Ford Health Systems		38-2565235				Fairles Haalth Canvissa Com		NII A	Hanny Fond Hanlth Cyatan	O	100.0	Henry Ford Health		,
	Group Henry Ford Health Systems		38-2000230				Fairlane Health Services Corp		NIA	Henry Ford Health System		100.0	SystemHenry Ford Health		U
	Group		33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System		100.0			١
	Henry Ford Health Systems		00-1210720				Metropolitan Detroit Area		N 1 /2	l lienty ford hearth bysteil		100.0	Henry Ford Health		
	Group		38 - 1958953				Hospital Services, Inc.		NIA	Henry Ford Health System	Ownership	33 0	System		0
	Henry Ford Health Systems												Henry Ford Health		
	Group		90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health System		100.0	System.		0
	Henry Ford Health Systems						Henry Ford Health System						Henry Ford Health		
	Group		23-7383042				Foundation		NIA	Henry Ford Health System	. Ownership	100 . 0	System		0
	Henry Ford Health Systems									l.,		400.0	Henry Ford Health		
	Group		32-0306774				Henry Ford Physician Network	·	NIA	Henry Ford Health System	. Ownership	100 . 0	System.		
	Henry Ford Health Systems		38-3232668				Northwest Detroit Dialysis Centers		NIA	Hanry Ford Haalth Cyatam	Ownership.	EG 2	Henry Ford Health System		_
	Group Henry Ford Health Systems		30-3232000				Centers		N I A	Henry Ford Health System	. Owner strip		Henry Ford Health		
	Group		45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	30.0	System		0
	Henry Ford Health Systems		40 0020000				Macomb Regional Dialysis	1		Thom y Tord Hourth Gystom			Henry Ford Health		
	Group		26-0423581				Centers LLC		NIA	Henry Ford Health System	Ownership	60.0			0
	Henry Ford Health Systems									1]		Henry Ford Health		
	Group		38-1378121				Sha Realty Corp		NIA	Henry Ford Health System	.Ownership	100.0	System		0
	Henry Ford Health Systems				1					l	I		Henry Ford Health		
	Group.		90-0659735				Pace Southeast Michigan	.	NIA	Henry Ford Health System	Ownership	50.0	System		J0
	Henry Ford Health Systems		00 0000007		1		Harry Fred West St. C. 12		l NII	lusa sa Farat Hartin A	0	100 0	Henry Ford Health		_
	Group		26-3896897				Henry Ford West Bloomfield	.	NIA	Henry Ford Health System	Ownership	100.0			[0
	Henry Ford Health Systems		38-3322462				D Cor IIC (d/b/a Optimovas)		NIA	Henry Ford Health System		100.0	Henry Ford Health		_
	Group Henry Ford Health Systems		JO-JJZZ40Z				P Cor, LLC (d/b/a Optimeyes)	1	N I A	nemy roru nearth System		100.0	SystemHenry Ford Health		J
	Group		41-2223561		1		Henry Ford Pathology		NIA	Henry Ford Health System	Ownership	100 0	System		
	Henry Ford Health Systems		T1 ZZZUUU1				Henry Ford Physicians	1	N17				Henry Ford Health		
	Group	[].	46-5746225				Accountable Care Org LLC		NIA	Henry Ford Health System	Ownership	100.0	System		la
	Henry Ford Health Systems	l i					Center for Complementary and			,			Henry Ford Health		
	Group		30-0092342	1			Integrative Medicine		NIA	Henry Ford Health System	Ownership	100.0	System		l0

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

							1	1 -		T	T				
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	1 1 1	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
	Henry Ford Health Systems Group		46-4064067				Henry Ford Health Sys Government Affairs Services		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		0
	Henry Ford Health Systems		40-4004007				Henry Ford Elijah McCoy		N I A	l leni y Toru nearth System	Ownersinp	100.0	Henry Ford Health	1	
	Group						Condominium Association		NIA	Henry Ford Health System	Ownership.	100.0	System		0
	Henry Ford Health Systems									,			Henry Ford Health		
	Group		46-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System	Ownership	49.0	System		0
	Henry Ford Health Systems		47 4400000				Michigan Matas Dialugia IIIC		NIA	Hanny Fand Haalth Cyatan	O	20.0	Henry Ford Health		0
	GroupHenry Ford Health Systems		47 - 1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System	Ownership	20.0	SystemHenry Ford Health		
	Group		98-0128041				Caymich Insurance Company, LTD		I.A	Henry Ford Health System	Ownership.	44 9	System		0
	Henry Ford Health Systems		00 0120011							l some near the eyertem.	, o o		Henry Ford Health		
	Group		41-2176000				.IRB Medical Equipment, LLC		NIA	Henry Ford Health System	Ownership	35.5	System		0
	Henry Ford Health Systems												Henry Ford Health		
	Group		38-2666933				Med Star Ambulance Macomb County EMS Medical	·	NIA	Henry Ford Health System	Ownership	33.0	SystemHenry Ford Health	-	0
	Henry Ford Health Systems Group		26-3421732				Control Authority		NIA	Henry Ford Health System	Ownership	33.0	System		0
	Henry Ford Health Systems		20-5421752				Community Health Technology			l l l l l l l l l l l l l l l l l l l	0 WII CT 3111 P		Henry Ford Health		
	Group		37 - 1502443				Network		NIA	Henry Ford Health System	Ownership	100.0	System		0
	Henry Ford Health Systems										<u> </u>		Henry Ford Health		
	Group		87 - 2121325				HFHS-Acadia Joint Venture, LLC		NIA	Henry Ford Health System	Ownership	20.0	System		0
	Henry Ford Health Systems Group						G3 Pharmaceuticals		NIA	Henry Ford Health System	Ownership	5.0	Henry Ford Health System		0
	Henry Ford Health Systems						1.00 Thatillaceut rears	· · · · · · · · · · · · · · · · · · ·	N 1 /	l l l l l l l l l l l l l l l l l l l	. Owner sirrp		Henry Ford Health		
	Group						Cottage Condominium Association.		NIA	Henry Ford Health System	Ownership	33.0	System		0
	Henry Ford Health Systems										,		Henry Ford Health		
	Group						KARETech Medical Devices		NIA	Henry Ford Health System	Ownership	5.0	System		0
	Henry Ford Health Systems Group						PRAM Holdings, LLC		NIA	Henry Ford Health System	Ownership	16	Hénry Ford Health System		0
	Henry Ford Health Systems						TRAM HOTUTINGS, LLC	·	N I A	l learth System	Ownerstrip	4.0	Henry Ford Health		
	Group						Truveta, Inc.		NIA	Henry Ford Health System	Ownership	14.7	System		0
	Henry Ford Health Systems												Henry Ford Health		
	Group.		87 - 1633901				Henry Ford Physician Partners		NIA	Henry Ford Health System	Ownership	100.0	System		0
	Henry Ford Health Systems Group		87 - 1165650				Henry Ford Home Recovery Care,		NIA.	Henry Ford Health System	Ownership.	40.0	Henry Ford Health System		0
	Henry Ford Health Systems		07 - 1103030				LLU		N I A	l learth System	. Owner strip	49.0	Henry Ford Health	1	
	Group		86-1607139				HFHS - MSU Health Sciences		NIA	Henry Ford Health System	Ownership	50.0	System		0
	Henry Ford Health Systems									,	'		Henry Ford Health		
	Group						CarePath Rx Holdings, LLC		NIA	Henry Ford Health System	Ownership	1.0	System		0
	Henry Ford Health Systems		87 - 1466014				Henry Ford GoHealth Urgent Care		NIIA	Honry Ford Hoolth System	Ownership	50.0	Henry Ford Health		
	Group Henry Ford Health Systems		07 - 14000 14				Mgmt, LLC		NIA	Henry Ford Health System	Ownership	J	System Henry Ford Health		
	Group			.]	l		DePre Holdings, LLC	 	NIA	Henry Ford Health System	Ownership	2.3	System]	o
	Henry Ford Health Systems									, ,	· '		Henry Ford Health		
	Group.						ExPre Holdings, LLC		NIA	Henry Ford Health System	Ownership	7.7	System		0
	Henry Ford Health Systems		88-4413164				Healthy Deputation 110		NIIA	Henry Ford Health Custers	Ownership		Henry Ford Health		
	Group Henry Ford Health Systems	-	00-4413104				Healthy Population LLCHenry Ford Allegiance Health		NIA	Henry Ford Health System	Ownership		SystemHenry Ford Health		
	Group		38 - 2756428				Group		NIA	Henry Ford Health System	Ownership	100 0	System		0
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SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership.				
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management.	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,		Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
	Henry Ford Health Systems					,				Henry Ford Allegiance Health	,	Ŭ	Henry Ford Health		
	Group		38-2024689				Henry Ford Allegiance Health		NIA	Group	Ownership	100.0	System.		0
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
	Group		38 - 1218485				Henry Ford Allegiance Carelink		NIA	Group	Ownership	100.0	System		0
	Henry Ford Health Systems						Henry Ford Allegiance Health			Henry Ford Allegiance Health			Henry Ford Health		
	Group		38-3607833				Foundation		NIA	Group	Ownership	100.0	System		0
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
	Group		38-3370242				Henry Ford Allegiance Pharmacy	ļ	NIA	Group	Ownership	100.0	System		0
	Henry Ford Health Systems		00 0750405							Henry Ford Allegiance Health		400.0	Henry Ford Health		_
	Group		38 - 2756425				Healthlink		NIA	Group	Ownership	100.0	System		0
	Henry Ford Health Systems		45 0050040				Last and Hardth National 100		NI A	Henry Ford Allegiance Health	O	400.0	Henry Ford Health		c
	Group		45-3253643				Jackson Health Network, L3C		NIA	Group	Ownership	100.0	System	-	
	Henry Ford Health Systems						Tolohoolth Michigan		NIA	Henry Ford Allegiance Health	Ownership.	100.0	Henry Ford Health System		C
	Group Henry Ford Health Systems						Telehealth Michigan		N I A	Henry Ford Allegiance Health	Ownership	100.0	Henry Ford Health		0
	Group		38-2594857				Physicians Choice Network, LLC		NIA	Group	Ownership.	100 0	System		r
	Henry Ford Health Systems		30-2334037				Trinysterans choice network, LLC			Henry Ford Allegiance Health	. Owner sirrp	100.0	Henry Ford Health		
	Group						It's Your Life Services. LLC		NIA	Group	Ownership	100 0	System		r
	Henry Ford Health Systems						111 3 1001 E110 001 11003, EE0			Henry Ford Allegiance Health	0 #1101 3111 p		Henry Ford Health		
	Group		38-2336367				Henry Ford Allegiance Hospice		NIA	Group	Ownership	100 0	System		C
	Henry Ford Health Systems		2000001				1			Henry Ford Allegiance Health	· · · · · · · · · · · · · · · · · · ·		Henry Ford Health		
	Group		38-3316836				Jackson Community Ambulance		NIA	Group	Ownership.	50.0	System.		0
	Henry Ford Health Systems						, , , , , , , , , , , , , , , , , , , ,			Henry Ford Allegiance Health			Henry Ford Health		
	Group		38-3017711				Foote Health Center Associates		NIA	Group	Ownership	62.0	System.		0
	Henry Ford Health Systems	1					Emergency Med Services Council			Henry Ford Allegiance Health			Henry Ford Health		
	Group		38-2361692				of Jackson County		NIA	Group	Ownership	50.0	System		0
	Henry Ford Health Systems									Henry Ford Allegiance Health	·		Henry Ford Health		
	Group		84-2047106				Grass Lake Surgery Center, LLC		NIA	Group	Ownership	46.0	System		0
	Henry Ford Health Systems									Henry Ford Allegiance Health		1	Henry Ford Health		
	Group		84-2287892				Grass Lake Real Estate, LLC		NIA	Group	Ownership	46.0	System	ļ	0
												0.0		. .	0
								ļ				0.0			0
								ļ							
											l				

Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	2	3	4	5	6	7	8	9	10	11	12	13
1	_			ŭ		Income/	Ü					
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
NAIC Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95844	38-2242827	Health Alliance Plan of Michigan.	3,214,016	(10,000,000)			(224, 224, 349)				(231,010,333)	
	38-2513504	HAP Preferred Inc.	(3,214,016)						ļ		(3,214,016)	
60134	38-3291563	Alliance Health and Life Insurance Compa		10,000,000			(73,211,315)		<u> </u>		(63.211.315) L	
	38-1357020	Henry Ford Health System					284 152 007		ļ		284 . 152 . 007	
	38-2791823	Henry Ford Wyandotte					30,098,471		<u> </u>		30,098,471	
	38-2947657	Henry Ford Macomb Hospital					50.185.747		ļ		50,185,747	
	26-3896897	Henry Ford Wyandotte Henry Ford Macomb Hospital Henry Ford West Bloomfield			<u> </u>		1,259,109		ļ		1,259,109	
	38-3322462	P Cor LLC.					422.285		ļ		422.285	
95814	38-3123777	HAP Empowered Health Plan, Inc.					(77 . 557 . 733)		ļ		(77,557,733)	
	38-3232668	HAP Empowered Health Plan, Inc Northwest Detroit Dialysis Centers					2.727.464		ļ		2.727.464	
	26-0423581	Macomb Regional Dialysis Centers LLC					472,495				472.495	
	38-2651185	Administration Sys Res Corp					(3,258,487)				(3,258,487)	
	41-2223561	Macomb Regional Dialysis Centers LLC					805,523				805,523	
	30-0092342	Center for Complimentary and Integrated					20,910				20,910	
	45-5325853	Michigan Metro Dialysis, LLC					33,392				33,392	
	4 <i>7 -</i> 1436663	W.A. Foote Memorial Hospital					8,074,481				8,074,481	
	38-2027689	,									0	
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SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

	1	2	3	4 Constant Displainment	5	6	7	8
			Ownership	Granted Disclaimer of Control\Affiliation			Ownership	Granted Disclaimer of Control\Affiliation
			Percentage				Percentage	
			Column 2 of			U.S. Insurance Groups or Entities	(Columns 5	Column 6
L	Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
H	ealth Alliance Plan of Michigan	Henry Ford Health System Health Alliance Plan of MichiganHealth Alliance Plan of Michigan	100 . 000 %	NO	Henry Ford Health System	Henry Ford Health Systems Group. Henry Ford Health Systems Group. Henry Ford Health Systems Group.	100.000 %	NO
ΙA	Iliance Health and Life Insurance Company	Health Alliance Plan of Michigan	100.000 %	NO	Henry Ford Health System	Henry Ford Health Systems Group	100.000 %	NO
H	AP Empowered Health Plan, Inc	Health Alliance Plan of Michigan	100.000 %	NO	Henry Ford Health System	Henry Ford Health Systems Group	100.000 %	NO
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0			
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0			
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION			
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0			
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO			
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION			
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	SEE EXPLANATION			
17.		SEE EXPLANATION			
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION			
	APRIL FILING				
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0			
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0			
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES			
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES			
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION			
	AUGUST FILING				

YES

Explanation:

- 12. Not applicable
- 15. Health Alliance Plan writes Medicare Part D through its Medicare Advantage Plan
- 16. Not applicable
- 17. Not applicable
- 18. Not applicable
- 23. Health Alliance Plan is not a member of the Michigan Life & Health Insurance Guaranty Association

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

Bar code:





13.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES









OVERFLOW PAGE FOR WRITE-INS

M005 Additional Aggregate Lines for Page 05 Line 47. *REVEX2 - Capital and Surplus Account

		1	2
		Current Year	Prior Year
4704.	Correction of an Error in Adoption of SSAP No. 22R		3,489,430
4705.	,		0
4706.		<u> </u>	0
4797.	Summary of remaining write-ins for Line 47 from Page 05	0	3,489,430